

GREAT LAKES INTER-TRIBAL COUNCIL, INC.



Inter-Tribal Prevention Strategic Plan Dissemination Materials

Funded by the Substance Abuse Mental Health Services Administration (SAMHSA)

Strategic Prevention Enhancement Grant #18649



Great Lakes Inter-Tribal Council (GLITC) Inter-Tribal Prevention Strategic Plan¹

Greetings,

Attached you will find dissemination materials related to Great Lakes Inter-Tribal Council's Inter-Tribal Prevention Strategic Plan. These include an overview of the Strategic Prevention Enhancement (SPE) grant and additional fact sheets. The strategic plan was developed for GLITC member Tribes and can be implemented in its entirety or your Tribe can implement individual components of the plan. GLITC member Tribes can edit the plan, so it is applicable to your Tribal community!

The strategic plan was developed after GLITC feedback from 66.7 percent of key stakeholders at all GLITC member Tribes² and reviewed relevant documents³ in order to create an applicable plan. The plan was developed by project staff and consultants in collaboration with the SPE Policy Consortium, which has a diverse background, including individuals who either currently work directly with at least six of the twelve GLITC member Tribes, the State of Wisconsin, Bemidji Indian Health Area Office, and Great Lakes Inter-Tribal Epidemiology Center. GLITC used Substance Abuse Mental Health Services Administration (SAMHSA's) Strategic Prevention Framework (SPF), in conjunction with traditional cultural beliefs/approaches; therefore, included Medicine Wheels and strength-based logic models.

The overall goal of SPE strategic plan is "Healthy Communities are Sustained for Generations to Come" and includes four sub goals: 1) Communities' Needs are Identified and Addressed Using Shared Data; 2) Coordinated Prevention Systems Effectively Address Needs; 3) Cultural Protective Factors are Sustained in the Community; 4) and Culture Connects Communities that are Healthy and Balanced. The strategic plan uses a system level approach⁴ and addresses current pressing issues in GLITC member Tribes including behavioral health promotion, Alcohol Tobacco and Other Drug Abuse (ATODA) including prescription drugs, and suicide by focusing on the following four core elements: 1) data collection, analysis and reporting; 2) coordination of services; 3) technical assistance and training; 4) and evaluation and performance.

Presentations have already been made to the Great Lakes Inter-Tribal Council Board of Directors and at least one GLITC member Tribe, while plans are being made to present to another GLITC member Tribe. GLITC presented the strategic plan at the 2012 Wisconsin State Prevention Conference. In September 2012 the strategic plan will be presented at the National Prevention Network Prevention Research Conference.

¹ The overall goal of any strategic plan is to identify where you are, where you want to go, and how you are going to get there. Completing a baseline assessment (part of the strategic planning process) allows you to measure progress towards achieving these goals.

² Key stakeholders included AODA Directors, Behavioral Health Directors, Tribal Health Directors, Prevention staff and others who completed a SPE Systems level assessment survey between April and May 2012.

³ Examples of relevant documents include, but are not limited to: *Indian Health Services' American Indian/Alaska Native National Behavioral Health Strategic Plan* and *Ownership, Control, Access, and Possession (OCAP) or Self-Determination Applied to Research: A Critical Analysis of Contemporary First Nations Research and Some Options for First Nations Communities*.

⁴ A systems level approach encompasses all aspects of an agency or organization(s) within a Tribe. For example one of the action steps within the strategic plan is to complete a system level assessment to determine the number of prevention coalitions, groups, organizations, etc. within each Tribe.



If you are interested in learning more about the strategic plan, please contact GLITC's GLITEC Behavioral Health Epidemiologist at jmelson@glitc.org, or you may also visit the GLITC website at www.glitc.org or GLITEC's website at www.glitc.org/epicenter.

Sincerely,

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Strategic Prevention Enhancement Strategic Plan Overview

On September 15th, 2011 Great Lakes Inter-Tribal Council was awarded a one year Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Planning Enhancement (SPE) grant to develop a five year inter-tribal strategic plan to address Alcohol and Other Drug Abuse (AODA) prevention efforts including prescription drug abuse, as well as, behavioral health promotion and the prevention of suicide. This effort began with the development of four “mini-plans” to address: Data Collection, Analysis and Storage, Coordination of Services across prevention, AODA, Behavioral Health and Primary Care systems, Technical Assistance and Training, and Evaluation and Performance. Those mini-plans are the basic components of implementation for the SPE Strategic Plan and are included in this document.

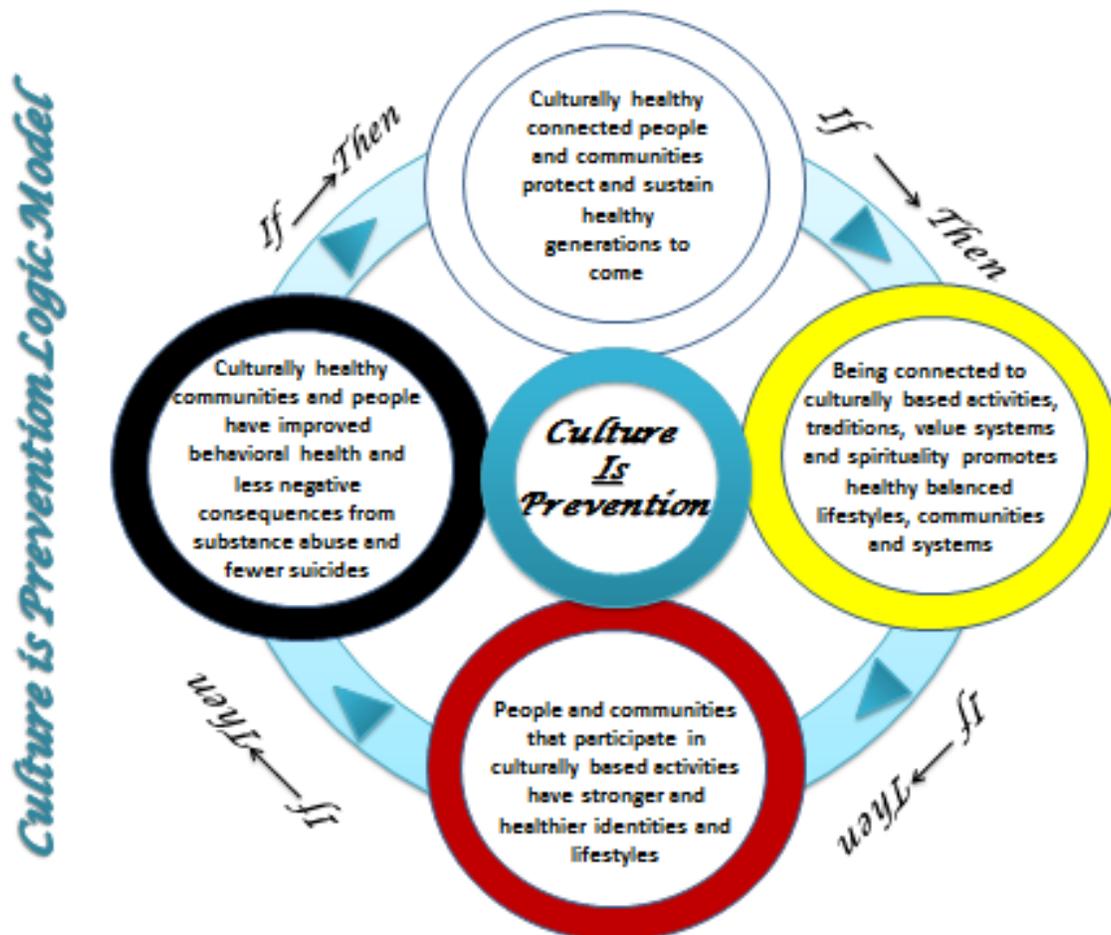
The SPE Strategic Plan furthers the mission and vision of GLITC by creating a plan of action for the member tribes and the GLITC organization that promote both sovereign rights and self-determination. The SPE plans lays out a framework by which behavioral health, alcohol, tobacco and other drug abuse (AODA) including prescription drugs, and suicide can be addressed within the cultural context of the tribes and the organization utilizing effective evidence-based prevention that is both culturally based and responsive.

Under the guidance of the Policy Consortium (PC) the GLITC project staff and consultants developed the SPE Strategic Plan. The Policy Consortium was made up of a diverse group of committed people who represented the tribes, state government, local coalitions, alcohol policy experts and other key stakeholders, as well as, staff and consultants. This group actively worked to create a plan that would first and foremost be culturally responsive and secondly would be based on the most effective methods of prevention available. It was important to the PC that the plan represent both modern western prevention science and also takes into account that Native American communities have had traditional practices for addressing these issues for generations that have also been shown to also be effective.

In addition this plan is based on the growing belief and evidence from prevention science, nationally, that “Culture is Prevention.” (*For more information see the Information Fact Sheet on page 22 of this document*) There is a growing body of evidence that supports the idea that if people and communities are reconnected with their culture or what has evolved into the contemporary inter-tribal Native culture they will have increased protective factors and will exhibit behaviors that are healthy, balanced, and successful. Until relatively recently there was not a focus on producing “evidence based” research for prevention with Native Americans. The prevailing belief was that if a program or practice worked in one setting it would work in all settings despite the fact that they were not culturally appropriate and were contrary to some of the basic tenets of many tribal belief systems. What works in Indian Country is rooted in practice-based evidence as opposed to evidence-based practice. It is an important distinction that greatly impacts the ways in



which cultural competency and more importantly, cultural responsiveness, need to be addressed when designing and implementing prevention within tribes and tribal organizations.



There has been ongoing discussion nationally in Indian Country about the need to translate what is referred to as “practiced based evidence” into being regarded, within the cultural context, as “evidence-based practice”. Most practitioners and communities working in prevention at state and local levels respect the need for prevention activities, programs, practices and strategies that are shown to be effective, including those working within tribal cultures. There is also recognition that Native American populations have not been a focus for prevention research and there is not a solid evidence base from which to draw from that are culturally specific. As a result, GLITC like many other tribal service organizations, has chosen to combine the best of the evidence based prevention science with the best culturally based prevention available. The result of this is that GLITC through this plan will begin to explore ways to guide local culturally based programs, practices, and strategies to becoming “evidence-based/informed”. Following the lead of programs and prevention systems in Oregon and California this plan lays out a path and structure by which



traditional tribal practices and methods of delivery can begin the movement toward bridging the gap between “evidence-based practice” and “practice-based evidence.”

Another key area to be addressed is the development of a process, system, and infrastructure at the regional level and within member tribes to actively understand and pursue evidence based/informed culturally relevant prevention programs, activities, symbols, practices, and policies. The means by which practice based evidence is reviewed and approved for implementation and funding needs to be well thought out and constructed if the work being done is going to be both effective for the people and also acceptable to funders and policy makers. After reviewing literature and existing models, the Policy Consortium has recommended that a formalized process be implemented that will include established criteria for application to a peer reviewed approval process which will have established policies to operationalize the review process.

The Strategic Plan utilizes the Strategic Prevention Framework (SPF) as the foundation for improving the prevention system for GLITC and member Tribes. The steps of the Strategic Prevention Framework (*For more information on the SPF model see the Information Fact Sheet on Page 21 of this document*) guided the development of the plan so that each component of the Strategic Plan can be implemented in such a way as to move through the steps of the SPF, which include: assessment, capacity, planning, implementation, and evaluation. With this as a foundation the SPE Strategic Plan offers a comprehensive structure and model to address prevention across services and that is data driven and prioritized, coordinated, cost effective, and responsive to the cultures in which it will be implemented.

A key concept in the SPF is the development of a “theory of change” and a logic model that reflects the steps that will be taken to achieve the goals. A theory of change is the way in which strategies and activities that move from the problems toward the outcomes are linked in a sequential and logical order. “If we do this, then this will happen”. Logic models are typically created based on the deficit model, however the Policy Consortium felt it was important to create a strength-based logic model. Using a strength-based approach to prevention allows communities to use traditional methods to reach positive goals for their people. The strength-based structure respects local and inter-tribal worldviews and frameworks for living life. The Policy Consortium’s recommendation also included using a traditional framework by which to structure the logic models using culturally familiar symbols and concepts that could be easily translated at the local and regional levels.

More specifically the Policy Consortium recommended that the logic models for the SPE Strategic Plan be designed using a “traditional medicine wheel” as the central symbol. The process of change and growth using the medicine wheel has been developed over time from traditional Native belief systems. Currently the Medicine Wheel is often recognized as an inter-tribal symbol across contemporary Indian Country. While not all tribes draw, interpret, or use the Medicine Wheel in the same way it is a shared approach to life and the world in general between many tribes as a holistic model.



There are seven directions recognized in this interpretation of the Medicine Wheel: East, South, West, North, Earth, Sky, and Inner Self. Each of these directions holds their own unique definition, character, and “lessons.” While developing this plan, the project team worked closely with tribal representatives to create definitions and translations that best fit for the tribal perspective. Any differences to specific tribal models are not meant to be disrespectful but rather this model is to integrate many approaches into the Medicine Wheel in order to provide a culturally responsive way to bring logic to the requirements of the SPE grant requirements.

One of the other unique aspects of this approach to planning and logic models is the decision of the Policy Consortium that to be truly respectful of tribal approaches the logic models needed to be strength based and not problem centered. While problems are implied, each of the directions of the plan speaks to the goal and strength that is required to address and diminish that problem rather than the deficit.

The first three directions: Sky, Earth, and Inner-self, represent the overall goals of the SPE plan and how the Policy Consortium, GLITC staff and consultants, local tribes, evaluators, agencies and individuals (referred to as key stakeholders throughout the plan) will play a role in the successful implementation of the plan. The directions also represent ways in which the GLITC Strategic Plan goes above and beyond the basic grant requirements. Throughout the development of this plan it became clear that the format and structure of the SPF --when taken beyond substance abuse prevention and applied to scale in a broader context that includes suicide and behavioral health-- provides an approach to prevention that is effective, cost effective and respectful of the culture.

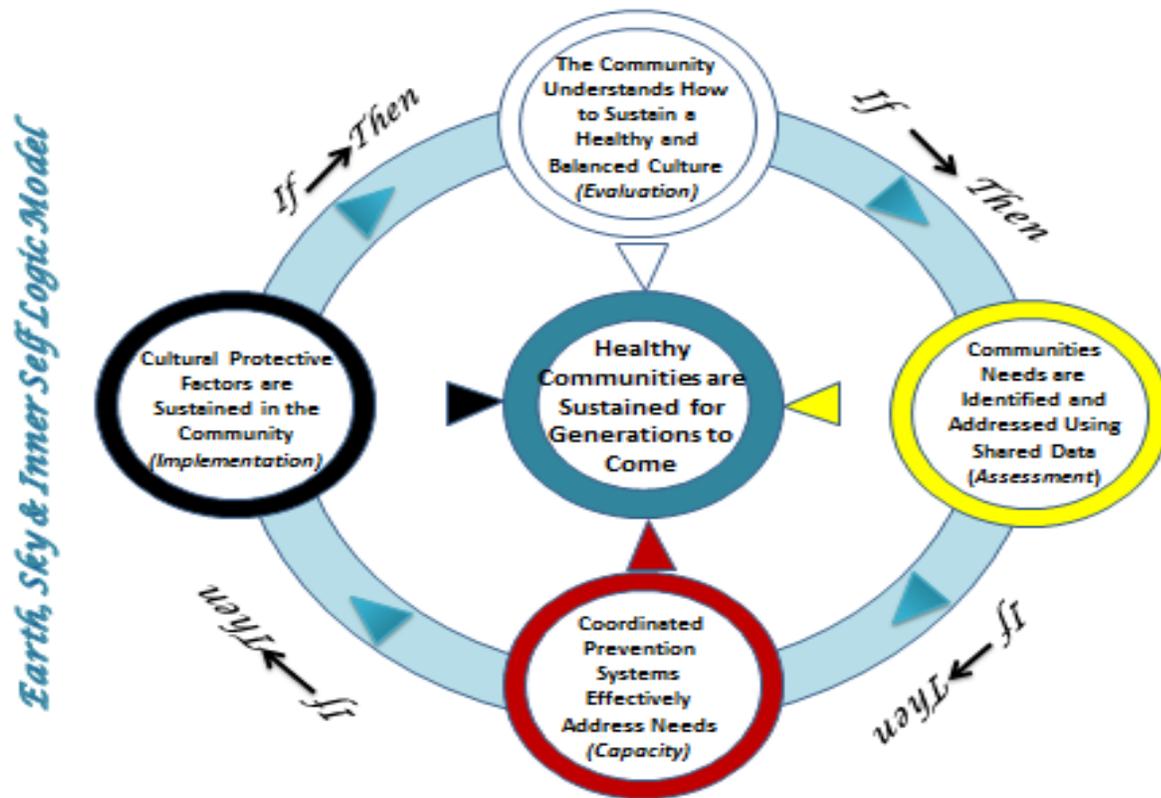
The remaining four directions: east, south, west, and north represent Data Collection, Analysis and Reporting, Coordination of Services, Technical Assistance and Training, and Performance/Evaluation are all interconnected and overlap. Data Collection, for instance, includes a survey of coordination of services (and other related issues) that will help direct Technical Assistance and Training services, and which --in part-- will drive the Performance/Evaluation process. All four directions include objectives that involve GLITC project staff, Great Lakes Inter-Tribal Epidemiology Center, the Policy Consortium and the Tribes who will participate in developing tribally specific plans. At the end of each direction is a section titled “Further Considerations.” These sections either add additional context and thoughts or comment on other issues that the individual Tribes and GLITC may want to consider as the strategic plan is implemented.

By adopting the medicine wheel as a framework the approach to the development of the plan, five interrelated and interdependent logic models were developed. Like the SPF the medicine wheel is much like a spider web. Different directions will be addressed both as part of the whole but also independently and they will be revisited many times. For the purposes of the SPE Strategic Plan each direction and logic model is set up to be implemented either as part of the entire plan, which is the ideal or if needed, each of the logic models and components of the plan can be implemented independently of each other. In this way if the plan in its entirety is not funded GLITC or member tribes can still use it and implement those sections that they have need, staff, and/or funding for. In this way each direction can be implemented and revisited as needed so that over the course of time the overall goals can be accomplished.



The SPE Strategic Plan discusses in depth the theory of change and the structure under which it will be implemented. Below is an overview of the goals and Policy Consortium recommendations for further consideration.

The Earth Sky and Inner Self: The Overall Goal



The overall goal of the SPE Strategic Plan is:

Healthy Communities are Sustained for Generations to Come

- The Four Directional Goals are:
 - East: Data Collection, Analysis, and Reporting
 - Community needs are identified and addressed using shared data (*assessment*)
 - South: Coordination of Services
 - Coordinated prevention systems effectively address needs (*capacity*)
 - West: Technical Assistance and Training
 - Cultural protective factors are sustained in the community (*implementation*)
 - North: Evaluation and Performance (*evaluation*)



- The Community Understands How to Sustain a Healthy and Balanced Culture
(*evaluation*)

Policy Consortium Recommendations for Policy Makers and Key Stakeholders:

- Identify “champions” that will carry the message of the SPE Strategic Plan forward to the GLITC Board of Directors and others for review and adoption.
- Take steps toward GLITC and the member tribes making a commitment to developing culture based prevention and health promotion systems of care and adopting the working “philosophy” that Culture Is Prevention.
- Assist local tribes and GLITC to create interdisciplinary teams to review and adopt concepts, tasks and strategies outlined in the SPE Strategic Plan.
- Participate locally, regionally, and nationally to further the evolution of evidence-based prevention in Indian Country through developing processes and methods that will allow approaches that have practice based evidence to become evidence-based practices within a culturally responsive context.
- Promote the SPE Strategic Plan as a “*living asset of the GLITC region*” to the GLITC Board of Directors (BOD), individual Tribal leadership, GLITC and GLITEC staff and community prevention specialists.
- Members of the Policy Consortium will work with GLITC staff to disseminate the SPE Strategic Plan to the GLITC Board of Directors (BOD) to:
 - Seek support for the overall SPE Strategic Plan
 - Encourage a commitment to implement the plan, either as a whole or in part with or without outside funding sources
 - Work with member tribes to increase their awareness of the SPE plan
 - Increase member tribes capacity to implement the goals of the SPE plan
- The Policy Consortium and GLITC project staff support participation in efforts to partner with other tribes and inter-tribal organizations throughout the state and nationally to further the development of Native evidence-based programs, policies, strategies and practices.
- Disseminate the SPE Strategic Plan to tribal leadership, regional Tribal Health Directors and other policy-making groups to gain support for the SPE as a model plan.
 - Understand and utilize the SPE Strategic Plan as a prototype for ATODA and suicide prevention, including prescription drug abuse, and behavioral health promotion.
 - Increase capacity of key stakeholders to promote the adoption of the SPE Strategic Plan as a model for “doing the business” of prevention and behavioral health promotion.
- Tribal representatives from the SPE PC will disseminate the strategic plan to local tribes and tribal councils across the GLITC region to its member tribes.
- The Policy Consortium and GLITC project staff support participation in efforts to partner with other tribes and inter-tribal organizations throughout the state and nationally to further the development of Native evidence-based programs, policies, strategies and practices.

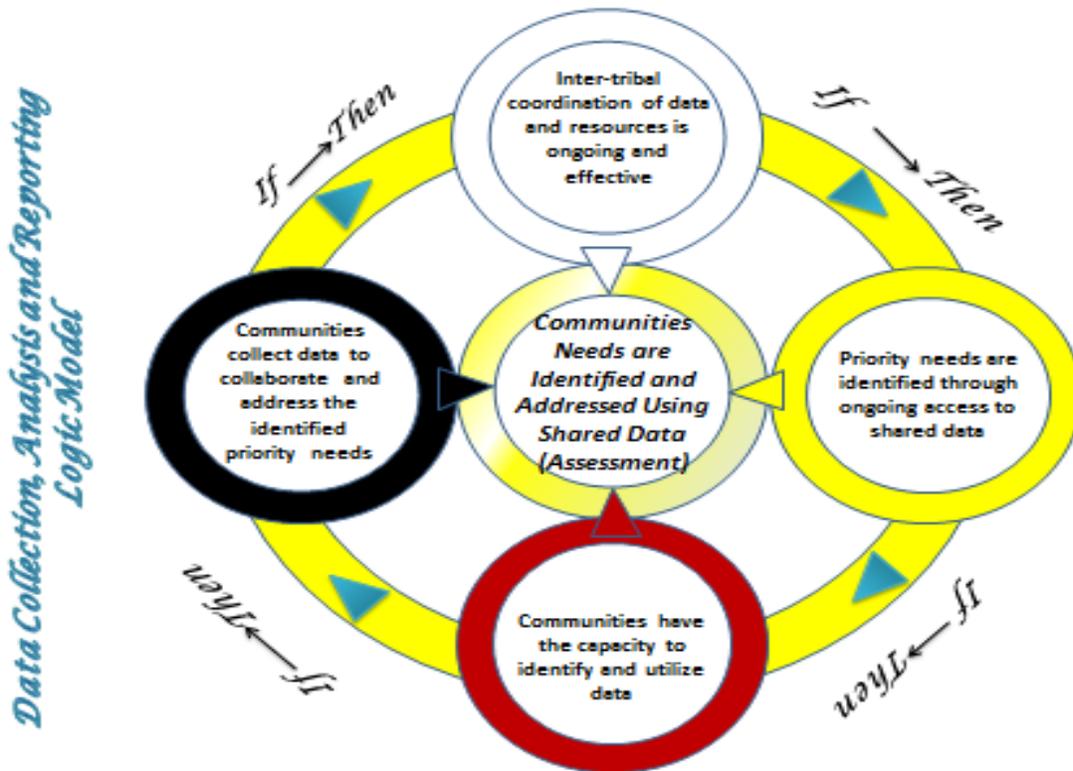


- Work with local tribes and inter-tribally through GLITC to set up a system to identify tribal best practices and methods for approving them for implementation.
- Communicate to the region that this plan can be implemented as a whole or in part. It represents not just the basic requirements of the grant but also a commitment to increasing the capacity of the GLITC region and member tribes to effectively address substance abuse (including tobacco and prescription drug abuse) and suicide prevention, as well as, behavioral health promotion within the context of developing a culturally-based and responsive system.

Policy Consortium Recommendations for Local Implementation:

- Use the medicine wheel as a basic approach
- Develop a logic model that is strength-based
- Incorporate “Culture is Prevention” and Tribal culture as protective factors and approaches to strategies and planning
- Support “cross pollination” and replication of tribal best practices at the local, regional, state, and national levels to develop a body of evidence that reflects culturally based programs, policies, strategies, and practices

The East: Data Collection, Analysis, and Reporting:



The overall goal of the east is:



- Communities' needs are identified and addressed using shared data
 - Goal 1: Standardize data collection measures and methods across service area Tribal Nations to allow for more useable data.

In order to understand how to build healthy Tribal communities and people, data must be gathered and analyzed to determine where the greatest negative consequences, barriers, problems, or gaps are. Once data has been gathered and prioritized it is then possible to move forward knowing that the most severe problems in those areas will be addressed first. It also sets up a system by which the region can successfully replicate the process for other areas of concern such as tobacco abuse, teen pregnancy, and nutrition.

Eastern Policy Consortium Recommendations for Policy Makers:

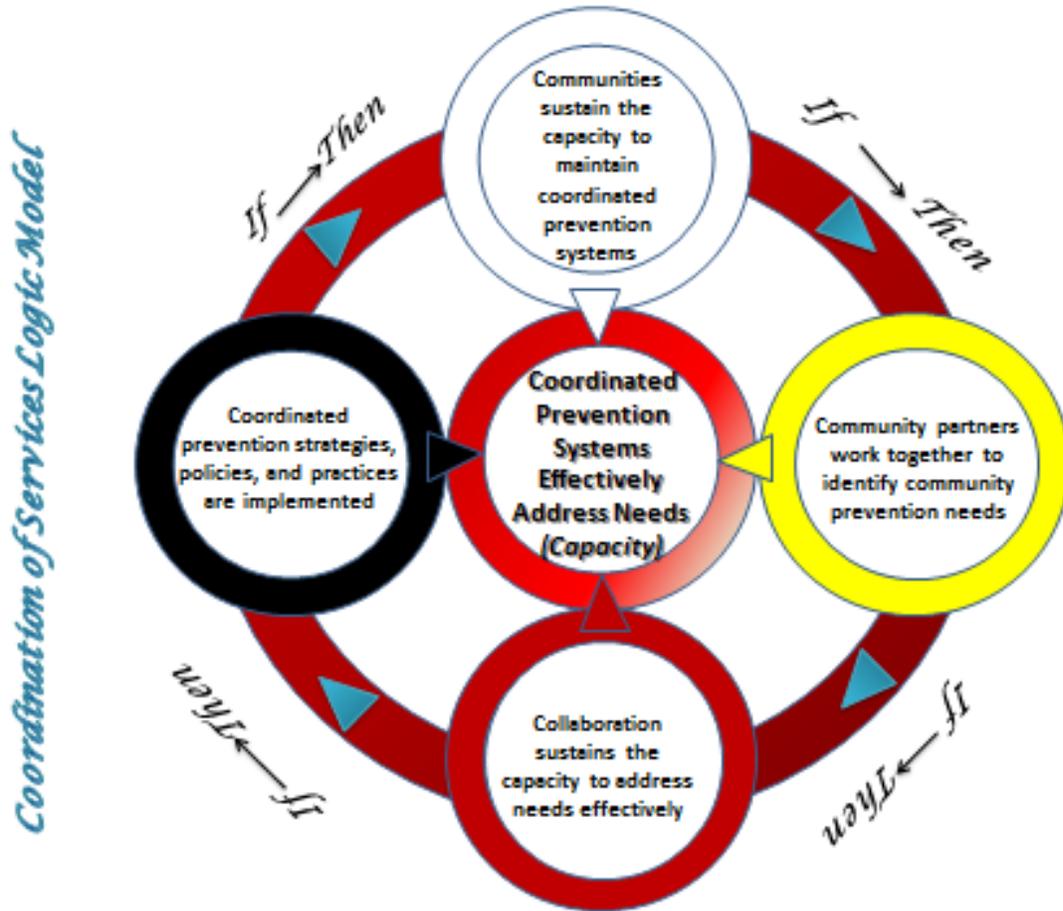
- The vision is to develop a data collection, analysis, and storage system that is effective and useful to the Tribes as individual communities and to all Tribes, as a whole, as they use that data to guide prevention planning. Therefore, we will work on creating a GLITC system-level central repository and also work with individual Tribes, upon their request, to assist in creating Tribal-specific data repositories.
- Using the results of the SPE system survey assessment as a baseline, we will continue to provide technical assistance and training to GLITC member Tribes and other data partners to further build their epidemiological capacity to collect and evaluate data.
- We will continue to build relationships with GLITC member Tribes and others to create data sharing agreements using OCAP and other applicable documents so it is “done in a good way.”
- Many of the steps noted as completed in the “prior to implementation period” in this, and the other three plans, may need to be accomplished/repeated at the individual Tribes, particularly if there is a significant time span between the publication of this plan and actual implementation.

Eastern Policy Consortium for Local Implementation:

- Develop data collection and analysis capacity
- Develop a data repository/warehouse
- Develop individual tribal capacity to store data

The South: Coordination of Services





The overall goal of the south is:

- Coordinated Prevention Systems Effectively Address Needs

Once data has been collected, analyzed, and decisions have been made about how to address what was identified it comes time for building the skills necessary to address the issues. What needs to be developed, modified, or changed in order to be successful in meeting the goal? In this case capacity building refers to how a strong coordinated system of care will be developed to answer the needs of the communities/tribes.

The goals within the South's Coordination of Services are:

- Goal 1: GLITC will encourage local tribes and other partners to enhance the collaboration so that they can share information and lessons learned to make changes that will benefit the system as a whole to promote behavioral health, prevent Alcohol, Tobacco, and Other Drug Abuse (ATODA) including prescription drugs, and suicide.



- Goal 2: GLITC will work with individual Tribes and local tribal coalitions to increase community capacity to implement, increase, and sustain the use of the SPF process.
- Goal 3: Increase ability to leverage assets through the coordination of resources to promote behavioral health, prevent Alcohol, Tobacco, and Other Drug Abuse (ATODA) including prescription drugs, and suicide.

Southern Policy Consortium Recommendations for Policy Makers and Key Stakeholders:

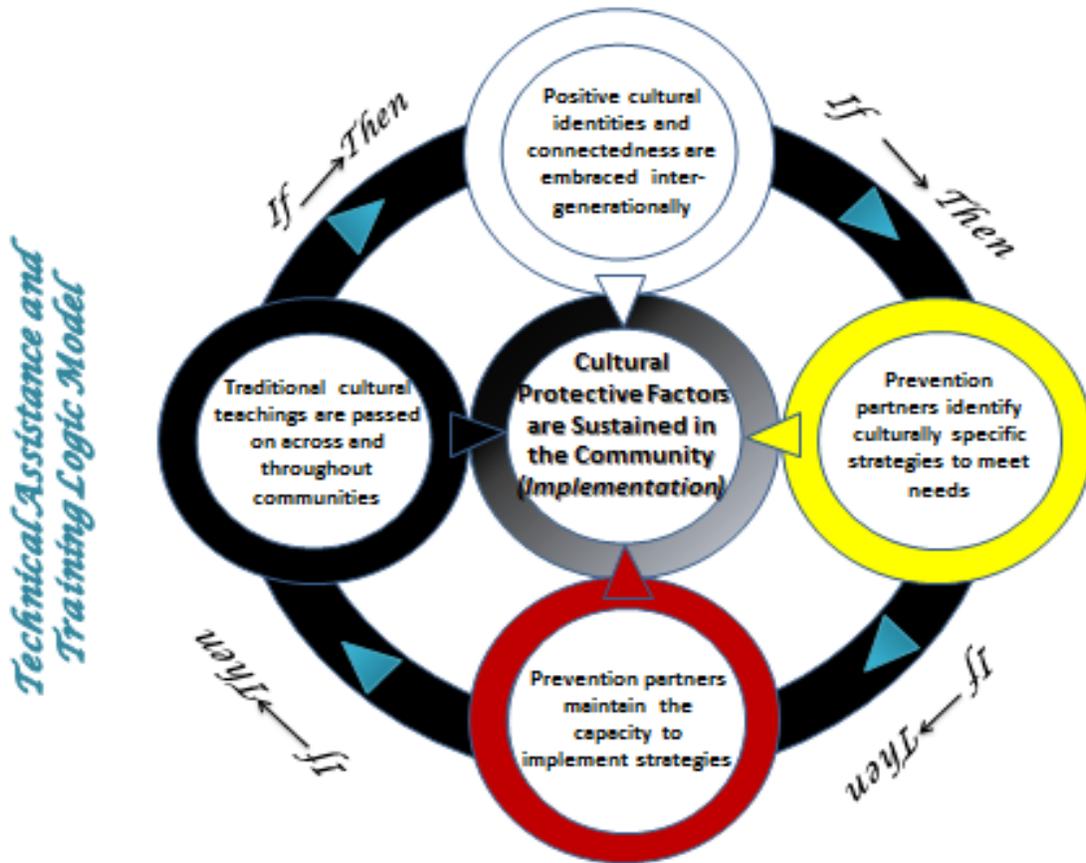
- Some loss of capacity may have occurred because of lapse of funding between SPFSIG and SPE implementation grant funding, so there may be increased needs for TA and other services to help ramp up coalition building and the use of the SPF process
- The situation regarding the Affordable Care Act and other funding issues has not yet been determined. Tribes will need to continue to develop relationships and communication with the State regarding prevention funding
- It will be crucial to continue dialog with the State and develop a system for assessing and approving culturally responsive PBEs as the State of WI moves towards a requirement for use of EBPs in order to receive Block grant funding

Policy Consortium Recommendations for Local Implementations:

- Increase linkages at the Tribal and Inter-Tribal levels
- Increase community capacity to implement, increase, and sustain the use of the SPF process
- Increase the ability to leverage assets through coordination of resources at both the Tribal and Inter-Tribal levels
- Look at ways to increase reimbursement for screening/assessments and for Traditional Healers, etc.

The West: Technical Assistance and Training





The overall goal of the West is:

- Cultural Protective Factors are Sustained in the Community

GLITC proposes to be guided by the medicine wheel in its approach to prevention. This provides a culturally based and holistic methodology. GLITC and participating Tribes will pursue Technical Assistance and Training plans that will foster the use of holistic, culturally appropriate programs, policies, practices and tools that can be adequately evaluated and prove effective for the Tribes.

The goals within the West's Cultural Protective Factors are sustained in the Community are:

- Goal 1: GLITC will work with key stakeholders, Board of Directors, member tribes, and the Policy Consortium to increase their understanding and use of current information and evidence based approaches to implement culturally responsive and appropriate prevention programs, policies, and practices.
- Goal 2: GLITC will encourage individual tribes to increase the number of certified prevention specialists.



- Goal 3: Participating Tribes will increase their knowledge of culturally responsive prevention and behavioral health related assessment, screening, evaluation, and other tools as appropriate.
- Goal 4: Prevention programming, practices, and strategies that are culturally responsive and appropriate will be fostered.
- Goal 5: Continue to work with the Policy Consortium, key stakeholders, GLITC BOD member tribes and others to advocate for the implementation of the SPE Strategic Plan

Western Policy Consortium Recommendations for Policy Makers and Key Stakeholders:

- Continue to increase capacity and commitment to secure ongoing funding and resources to sustain a functional and effective state of the art prevention system regionally and locally, including the possibility of a Tobacco tax- create opportunities to discuss increasing taxes to benefit prevention work
- Continue the commitment to the education and support of a cadre of local and regional prevention specialists allowing GLITC and member tribes to move forward toward the goals that have been established to increase cultural protective factors and sustain health generations into the future for Native people.
- Prevention Specialist certification needs to be a feature in the development of the system as well and seen as a necessity for the ongoing quality improvement of prevention.
 - Plans cannot be implemented with integrity if there are not credible trained staff and systems in place to support the adoption of state of the art prevention theories, practices, and policies
 - Ongoing training and staffing of prevention positions at the regional and local levels must be considered a priority and prevention specialists need to be:
 - Knowledgeable in current trends in ATODA within tribal communities
 - Understand information gathering techniques
 - Be well versed in historical trauma and cultural identity issues
 - Asset, as well as, needs based
 - Organized and have good communication skills
 - Have the ability to teach
 - Preference should be given to local tribal members or others of Native enrollment.
- Require TA and training at many levels including state, regional and local to ensure that the various aspects of developing and maintaining culturally appropriate skilled systems and personnel is achieved and sustained over time.
- Continue to increase the capacity to understand and utilize the SPE Strategic Plan as a prototype for ATODA and suicide prevention, including prescription drug abuse, and behavioral health promotion.
- Disseminate the SPE Strategic Plan to leadership and policy making groups at the state, regional, and local levels
 - Involve Governmental bodies, tribal leadership and policy makers to gain “buy in” for the SPE as a model



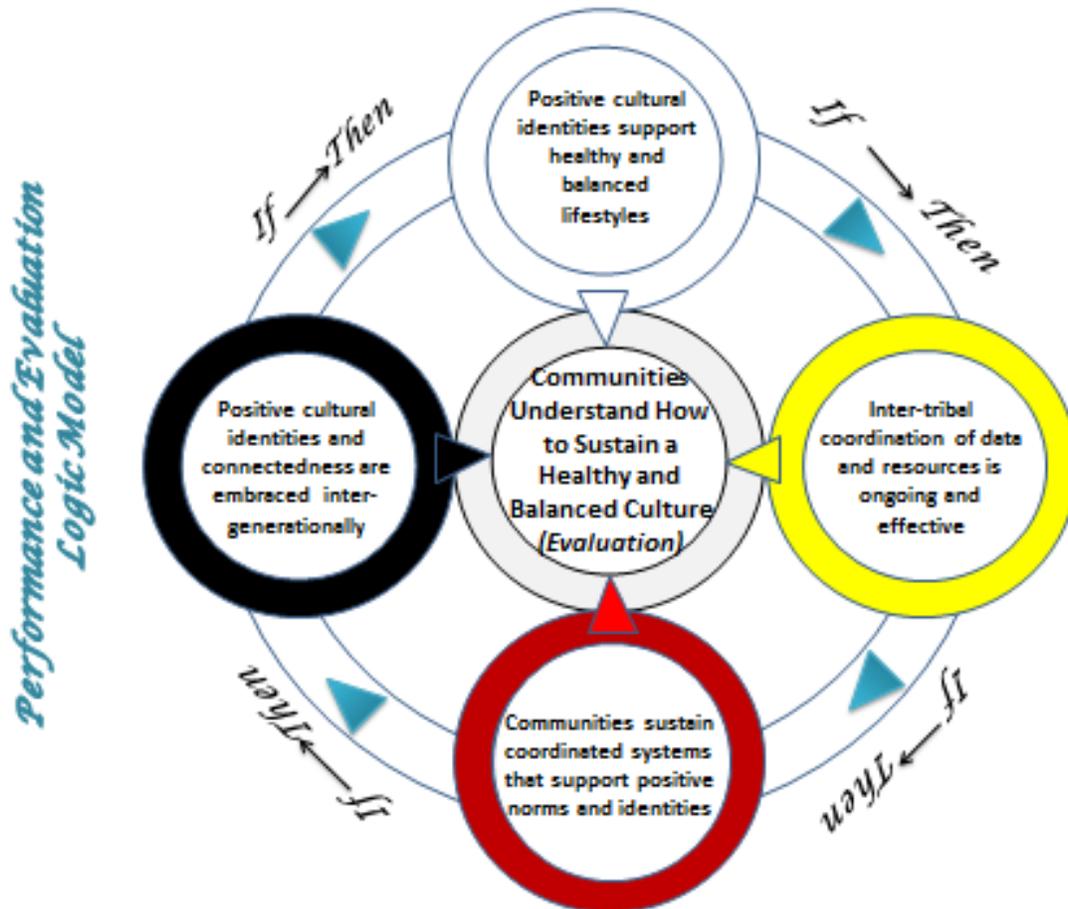
- Increase capacity of key stakeholders to promote the adoption of the SPE Strategic Plan as a model for “doing the business” of prevention and behavioral health promotion
- Members of the Policy Consortium will work with GLITC staff to disseminate the SPE Strategic Plan to the GLITC Board of Directors (BOD) to:
 - Seek support for the overall SPE Strategic Plan
 - Encourage a commitment to implement the plan, either as a whole or in part with or without outside funding sources
 - Work with member tribes to increase their awareness of the SPE plan
 - Increase member tribes capacity to implement the goals of the SPE plan
- Provide TA and training to state, regional and local tribal leadership on the SPE and GLITC’s Strategic Plan.
- Develop and advocate for a commitment of an effective proactive and coordinated referral system that can be implemented by primary care providers, behavioral health and substance abuse providers within local and regional agencies.

Policy Consortium Recommendations for Local Implementation:

- Create a technical assistance and training system that supports:
 - Developing local, regional, state, and national capacity to collect, retain, house, analyze, and share data in Indian Country
 - Work with the GLITC Board, the Policy Consortium, Behavioral Health, the state, nationally, and with other key stakeholders to develop a commitment and process by which tribal best practices and cultural programs become recognized as evidence-based
 - Work with GLITC Board, regionally, locally, and with the state to develop culturally based prevention of AODA, suicide and behavioral health promotion systems in Wisconsin and nationally



The North: Performance and Evaluation



The overall goal of the North is:

- Communities Understand How to Sustain a Healthy and Balanced Culture

The northern logic model then refers to the evaluation of the plan and its activities to provide wisdom on what has worked and what needs to be improved. To evaluate brings with it the ability to adapt what has been done to protect the health and balance of generations to come and to provide for them a better approach to live a healthy life, as is the way for many Native cultures.

The goals within the North's Performance and Evaluation are:

- Goal 1: Identify benchmarks and outcome measures to assess and improve strategies that enhance evaluation systems to collect process and outcome data that addresses promotion of behavioral health, prevent Alcohol, Tobacco, and Other Drug Abuse (ATODA) including prescription drugs, and suicide.
- Goal 2: Promote and foster a culture of purposeful evaluation within and across Tribal entities



- Goal 3: Standardize data collection measures and methods across service area Tribal Nations to allow for more use-able data.
- Goal 4: The process of strategic plan development and implementation will demonstrate progress towards goals and objectives based upon timelines developed.

Northern Policy Consortium Recommendations for Policy Makers and Key Stakeholders:

- At the conclusion of the five-year implementation, another strategic plan should be developed utilizing knowledge gained through the implementation and evaluation of this submitted strategic plan.
- The Policy Consortium and key stakeholders recommendations for inclusions in the core competencies for an evaluator, including:
 - Be able to enter and leave communities in a good way
 - Be able to communicate effectively and build effective relationships
 - Have an understanding of American Indian communities and related issues
 - Be able to culturally translate and then advocate to others on both sides (tribal side, and grantor side)
 - Have the technical and organizations skills to do the work; demonstrated ability to collect, analyze, and interpret data and create useful reports
 - An understanding of issues of sovereignty and cultural awareness and respect
 - Have strong communication skills and patience
 - Have knowledge of the prevention field
 - Native preference
 - Develop data collection and analysis capacity
 - Develop a data repository/warehouse
 - GLITC Level
 - House, store, and analyze data for individual tribes
 - Produce reports, recommendations, proposals at the regional level
 - Provide inter-tribal coordination, training, and technical assistance to individual tribes

Policy Consortium Recommendations for Local Implementation:

- Develop data collection and analysis capacity
- Develop a data repository/warehouse
 - Individual Tribes
 - Develop capacity to collect and use data
 - Provide GLITC with data while retaining ownership



Conclusion:

The SPE plan is written and structured to be as culturally responsive to the Native communities in which it will be implemented as possible. It also recognizes the need to develop and implement the most effective programs, practices, policies, and methods possible. The plan was designed to balance traditional approaches with western prevention science in order to create the maximum number of opportunities for success possible. This framework for planning represents both the cultural responsiveness and the most coordinated cost effective means by which to address and prevent the issues of substance abuse, including prescription drugs, behavioral health and suicide.

The SPE Strategic Plan has been developed to address the needs of the member tribes of the Great Lakes Inter-Tribal Council, as well as, to support the continued development of data driven decisions, culturally responsive methods and strategies, cost effective prevention systems, and the overall health of the tribal communities and people.

In addition, the Policy Consortium recommends that this plan also be used as a proto-type for other Native communities and organizations so that the evolution of prevention science in Indian Country can continue to be cross-pollinated and grow. In this way “Healthy Communities will be Sustained for Generations to Come”.



Additional
Information Fact Sheets
for the
Strategic Prevention
Enhancement (SPE)
Strategic Plan
July 2012



Information Fact Sheet

The Strategic Prevention Framework (SPF) Steps and Overarching Principles

The SPE takes the basic framework and theory of change of the SPF “to scale” through the inclusion of behavioral health promotion, suicide prevention, and a focus on prescription drug abuse as well as alcohol and other drug abuse in general. The steps of the SPF are:

- **Assessment:** Profile population needs, resources, and readiness to address problems and gaps in service delivery. A substance abuse issue must be assessed correctly through the collection and analysis of data that show the extent and location of a problem, risk and protective factors associated with it, community assets and resources, gaps in services and capacity, and readiness to act.
- **Capacity:** Mobilize and build capacity to address needs. Key tasks include convening leaders and stakeholders, building coalitions, and training community stakeholders to help keep activities going.
- **Planning:** Develop a prevention plan. The strategic plan expresses a vision for prevention activities and a roadmap for conducting them. It describes policies and relationships, incentives for groups to work together, and evidence-based actions that will be taken. The plan also identified milestones and outcomes for gauging performance.
- **Implementation:** Conduct prevention activities. Supported by training and technical assistance, local stakeholders select programs, policies, and practices proven to be effective in research settings and in communities. Culturally competent revisions are made without sacrificing core elements of the program.
- **Evaluation:** Monitor and evaluate results and the ability to continue. Ongoing monitoring and evaluation are vital to determining whether the desired outcomes are achieved, to assessing the quality of service delivery, and to identifying needed improvements. Sustaining what has worked well should be an ongoing process.

Overarching Principles/Guides

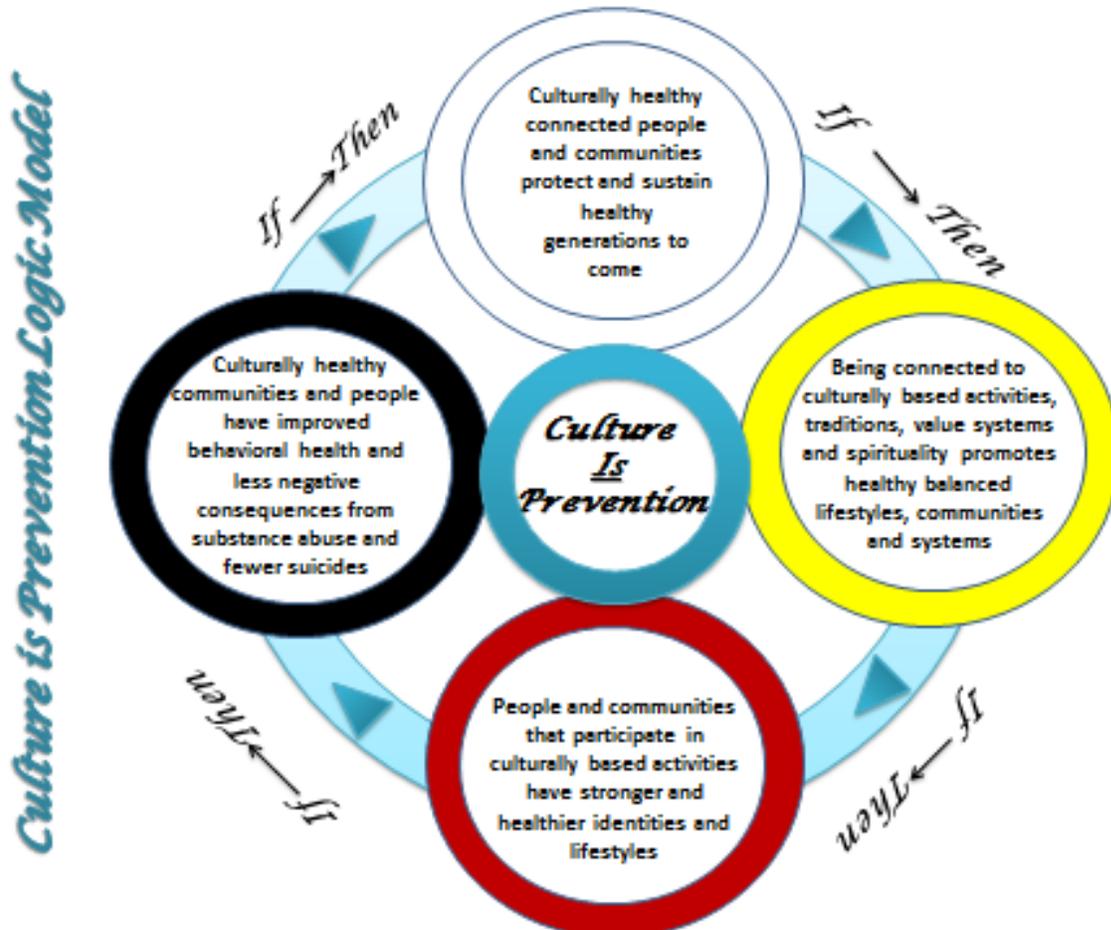
Plans are required to address

- **Cultural Responsiveness (competence)**
- **Sustainability**



Information Fact Sheet

“Culture Is Prevention” and the Evidence-Based Program Mandate



Another key area to be addressed is the development of a process, system, and infrastructure at the regional level and within member tribes to actively understand and pursue evidence-based/informed and culturally relevant prevention programs, activities, symbols, practices, and policies. The means by which practice-based evidence is reviewed and approved for implementation and funding should be well thought out and constructed if the work being done is to be effective for the people served and acceptable to funders and policy makers as viable and credible means by which to implement prevention in Native communities.

The Policy Consortium, after reviewing literature and models by which to establish a list of approved culturally based interventions, tools, programs, and practices, has recommended that a formalized



process be established that will include review criteria, peer-reviewed approval processes, and policies to govern how these are managed and by whom.

It has become common practice in the field of substance abuse prevention that funders require states, tribes, and communities to use “evidence-based” practices and programs. This has been a difficult issue for many tribes and tribal organizations across the country because there has been such limited understanding of and research available regarding what works in Indian Country. Until relatively recently there was not a focus on producing evidence-based research for prevention with Native Americans; the prevailing belief was that if a program or practice worked in one group or sample, then it could be duplicated (with fidelity) in most or all other environments and be equally successful. There are clearly some problems with that simplistic framework for approaching the complex issues of more than 567 federally recognized tribal nations, each with its own form of government, culture, history, environment, and problems. Nor was there a place for some of the basic tenets of many tribal belief systems for the role of more culturally traditional means of effectively addressing these types of problems. The reality for many tribes when it comes to what works in Indian Country is rooted in practice-based evidence as opposed to evidence-based practice. It is an important distinction that greatly impacts the ways in which cultural competency and, more importantly, cultural responsiveness is to be addressed when designing and implementing prevention programs within tribes and tribal organizations.

In a recent article in the *Journal for Psychoactive Drugs* (Volume 43, Number 4, October-December 2011), Drs. Walker and Bigelow summarize the Tribal Best Practices (TBP) process in Oregon with the foundational idea that this is a model that other tribes and tribal agencies could promote as a prototype to begin the process of effectively translating culturally responsive and evidence-informed programs, policies, and practices in other tribal settings.

Walker and Bigelow went on to describe three important aspects that such programs must be aware of and replicate if they are to be culturally responsive.

- Credible program personnel and/or practitioners
- Culturally based prevention activities that include participation in traditional ceremonies and rituals, sharing stories, oral instruction and modeling, and fun
- Materials that include culturally relevant and specific aspects such as setting, dress and ornamentation, symbols and graphics, sensory substances, and food



Information Fact Sheet

The Four SPE Directions

- East: Data Collection, Analysis and Reporting
 - Develop or enhancing current State/Tribal data systems to collect, analyze, and report aggregated community-level data up through the State/Tribal governance level

- South: Coordination of Services
 - Coordinating, leveraging, and/or redirecting, as appropriate, all substance abuse prevention resources—including funding streams and programs—within the State/Tribe that are directed at communities. “Communities,” in the broadest sense, should include community coalitions, which play a vital role in creating and enhancing successful State and Tribal prevention systems for behavioral health promotion, suicide prevention, and all types of alcohol and other drug abuse, including prescription medication.

- West: Technical Assistance and Training
 - Restructuring current technical assistance and training programs for behavioral health, prevention, and primary care professionals throughout the State/Tribe in order to provide greater responsiveness to the needs of the community. States/Tribes are encouraged to create commonalities in these training programs that can be used universally.

- North: Evaluation and Performance
 - Focus on revitalizing current performance management and evaluation systems with an eye to accommodating SAMHSA performance goals, measures, and cost savings. States/Tribes must include strategies to enhance their evaluation systems to collect both process and outcomes data using both formative and summative methods.



Information Fact Sheet

Medicine Wheel Logic Model Concept

Explanation of Logic Model Concept

Although logic models are typically created based on the deficit model, our Policy Consortium felt it was important to create a strength-based logic model. They also felt that a unique way to do this—a way that would have meaning to the Native American Tribes that we work with—would be to design that logic model based on the traditional medicine wheel.

The process of change and growth using the medicine wheel as a basis has been developed over time from traditional inter-tribal Native belief systems. Currently the medicine wheel is often recognized as an inter-tribal symbol across contemporary Indian Country. While not all tribes draw, interpret, or use the medicine wheel in the same way, it is a shared approach to life and the world in general and functions as a holistic model for many tribes. It stems from the belief that all things in life and on earth must be in balance and harmony to grow in a healthy way; each quadrant of the medicine wheel is both unique and equal to the other aspects of the wheel. Each direction is given unique developmental aspects so that following the circle will allow a person/process/task/community to move through growth in a productive, effective, and culturally responsive way. It is not uncommon for people/processes/tasks/or communities to be in different directions on multiple things at any given time.

While the overall description and use of medicine wheel model provided for the purposes of the strategic plan may not be identical with any specific tribal model, it was developed with respect to the tribes involved and the collective definition of the medicine wheel as an inter-tribal cultural icon. The definitions and descriptions given here are for the purposes of this plan and based on the feedback of both tribal members and the Policy Consortia that participated in its development.

Any differences to specific tribal models are not meant to be disrespectful. This model is attempts to integrate many approaches to the medicine wheel in order to provide a culturally responsive way to bring logic to the requirements of the SPE grant requirements. The GLITC staff and consultants have worked to develop a model that is respectful of many tribal approaches, while also meeting the requirements of the federal funders. For the purposes of this plan and logic models, each direction has been given a general description/definition from both the traditional perspective and from the Strategic Prevention Framework model that is used by the funders. This is a story of translation meant to serve as the guide for the approach and structure of this plan and not as an exclusive definition of the tribal meaning or approaches to the medicine wheel in general or particular.

